



ASMTA FESTIVAL 20\_\_\_\_

## STUDENT HELP SHEET

Region: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form and **turn it in** to the Region Chairperson today. Your check will be mailed immediately. For mailing purposes, **please print clearly** especially **your name and address**.

NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY-STATE-ZIP:

\_\_\_\_\_

TELEPHONE:

\_\_\_\_\_

HOURS

MONITORING/GRADING:

\_\_\_\_\_

Thank you for giving your valuable time to help out with ASMTA Festival.